

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
EXTENSION OF THE STANDARD OF PROMPTNESS**

CASE NAME:	CASE NUMBER:	PROGRAM:	
DATE OF APPLICATION:	DATE RECEIVED IN CIU:	DATE DUE: (45 DAYS)	DATE DUE: (90 days for cases involving disability determination)

CASE CIRCUMSTANCES AS OF 45TH DAY (90th day for cases involving disability determinations):

REASON FOR ALLOWANCE OF ADDITIONAL TIME PER MEDICAID MANUAL SECTION 302.01.03:
(Check Specific Reference)

1. The applicant and/or County Office, after repeated attempts has failed to secure the information necessary to determine eligibility, and more time is needed to make the follow up.
2. Failure or delay of a third party to provide information in a timely manner.
3. The applicant or his/her representative requests that negative action be delayed until additional information concerning eligibility can be secured.
4. An administrative or other emergency which could not be prevented caused the delay.
5. The medical facility in which the applicant resides is awaiting Title XIX certification.
6. Waiting on NH bed CLTC slot Level of Care
7. Other:

Date of final case decision (date notice of approval/denial is mailed):

Reason/Justification for exceeding standard of promptness:

CASE WORKER'S SIGNATURE:	DATE:	SUPERVISOR'S SIGNATURE:	DATE:
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